

REIMBURSEMENT FOR: INCIDENTAL EXPENITURES FOR VOLUNTEERS

IN SUPPORT OF FAMILY PROGRAMS

Please print LEGIBLY – Unreadable data may delay payment.

NAME: _____ DATE: _____

MAILING ADDRESS: _____

RECEIPTS MUST BE ATTACHED FOR REIMBURSEMENT

Mail to: Family Programs Office – ATTN: FRSA, 2823 W. Main, Rapid City, SD 57702

TYPE OF EXPENDITURE (In support of Family
Programs) : _____

PURPOSE OF EXPENDITURE (Reason for purchase): _____

TOTAL COST: \$ _____

APPROVED BY: BRYAN A. JACOBSON, STATE FAMILY PROGRAM DIRECTOR
(NAME, TITLE OF APPROVING AUTHORITY)

RECEIVED:
\$ _____

VOLUNTEER SIGNATURE: _____

(Must be signed for reimbursement)